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PTO/SB/05 (03-01)

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<b>CERTIFICATE OF FACSIMILE</b>	<b>Attorney Docket No.</b>	41575-27975 (106)	<b>First Inventor:</b> Robert McMillen
<b><u>AMENDMENT TRANSMITTAL LETTER</u></b>		<b>Serial No.</b>	10/020,688
<b>Title: <u>Push Lumbar Support With Flexible Pressure Surface</u></b>		<b>Filing Date</b>	December 14, 2001
		<b>Examiner</b>	Edell, Joseph F.
		<b>Group Art Unit</b>	3636

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**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**


Transmitted herewith is an amendment in the above-identified application.

☒ Large Entity Status☐ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

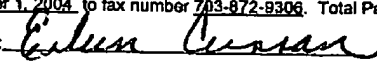
CLAIMS AS AMENDED- PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
		(Column 1)		(Column 2)	(Column 3)				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	20*	Minus	**20	=0	x \$9.00=	\$ 0.00	x \$18.00=	\$ 0.00
	Independent (37 CFR 1.16(b))	3*	Minus	**4	=0	x \$43.00=	\$ 0.00	x \$86.00=	\$ 0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$145.00=		x \$290.00=	
						TOTAL ADDIT. FEE	\$ 0.00	TOTAL ADDIT. FEE	\$ 0.00
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>									

☐ Petition of Extension of Time.☒ No additional fee is required for amendment.☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account 08-3460.☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.  
I have enclosed a duplicate copy of this sheet.☒ Any additional filing fees required under 37 C.F.R. 1.16.☒ Any patent application processing fees under 37 C.F.R. 1.17.

  
 Signature  
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Date: September 1, 2004

**Certificate of Facsimile Transmittal Under 37 CFR 1.18**I hereby certify that this document is being faxed to the U.S. Patent and Trademark Office on September 1, 2004 to fax number 703-872-9306. Total Pages 11.Signature: Type Name: Eileen Curran

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